

Housing Face Sheet

COUNTY CODE

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DISTRIBUTION DATE

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ASSESSMENT TYPE

- ☐ Admission
- ☐ Annual
- ☐ Discharge
- ☐ Refused to participate

CLIENT GENDER

- ☐ Male
- ☐ Female

CLIENT ID NUMBER

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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GAF SCORE

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CLIENT AGE

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CLIENT ETHNICITY

- ☐ White/Caucasian
- ☐ Hispanic
- ☐ African American
- ☐ Asian
- ☐ Filipino
- ☐ American Native
- ☐ Other
- ☐ Unknown

CLIENT'S PRIMARY DIAGNOSTIC CATEGORY

- ☐ Schizophrenia and other Psychotic Disorders
- ☐ Mood disorders (i.e., major depressive or bipolar disorders)
- ☐ Anxiety/Other Diagnoses

Form Linking Number

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Client Employment Status (choose one)

- ☐ Client is employed in the competitive job market
If yes, approximately how many hours per week:
☐ 1-10 ☐ 11-20 ☐ 21-34 ☐ 35 or more
- ☐ Client is employed in the noncompetitive job market
(sheltered workshop, protected environment)
If yes, approximately how many hours per week:
☐ 1-10 ☐ 11-20 ☐ 21-34 ☐ 35 or more
- ☐ Client is not in the job market. Client is (choose one)
 - ☐ Actively looking for work
 - ☐ Homemaker
 - ☐ Student
 - ☐ Volunteer Worker
 - ☐ Retired/on disability
 - ☐ Resident/inmate of institution
 - ☐ Other
 - ☐ Client employment status is unknown

Services client has received from this Supportive Housing Project since the last assessment (if admission assessment, skip this section):

- ☐ Housing Services
- ☐ Referral to community mental health services
- ☐ Screening and diagnostic services
- ☐ Referrals to drug/alcohol treatment services
- ☐ Client declined any services
- ☐ Case Management services
- ☐ Planning for/referral to housing
- ☐ Assistance in applying for housing
- ☐ Helped client obtain housing (e.g., assistance in filling out lease agreement; help w/deposit)
- ☐ Assistance in maintaining housing (e.g., assistance to prevent eviction)

Form Linking Number

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Client's Previous Living Situation
(Select code from list below)
(If admission, skip this item)

Client's Current Living Situation

- A House or apartment (include trailers, hotels, dorms, barracks, etc.)
- B House or apartment and requiring some support with daily activities
- C House or apartment and requiring daily support and supervision
- D Supported housing
- E Foster family home
- F Group Home (includes levels 1-12 for children)
- G Residential Treatment Center (includes levels 13-14 for children)
- H Community Treatment Facility
- I Board and Care
- J Adult Residential Facility, Social Residential Facility, Crisis Residential, Traditional Residential, Drug Facility, Alcohol Facility
- K Mental Health Rehabilitation Center (24 hour)
- L Skilled Nursing Facility/Intermediate Care Facility, Institute of Mental Disease (IMD)
- M Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), or Veterans Affairs Hospital
- N State Hospital
- O Justice related (Juvenile Hall, CYA home, correctional facility, jail, etc.)
- P Homeless, no identifiable residence
- Q Other
- U Unknown/Not reported

Previous Tenancy Status
(at time of last assessment; if admission, skip this item)

- ☐ Continuing
- ☐ Evicted due to lease violations
- ☐ Left voluntarily
- ☐ Other
- ☐ Unknown

Current Tenancy Status
(at time of this assessment)

- ☐ Continuing
- ☐ Evicted due to lease violations
- ☐ Left voluntarily
- ☐ Other
- ☐ Unknown

Form Linking Number

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